



Town of Lexington
Land Use, Health and Development Department
Office of Public Health
1625 Massachusetts Avenue
Lexington, MA 02420
(781)-698-4533
Fax (781)-861-2780

Permit Number: _____
Issued Date: _____
Permit Fee: _____
Check #: _____

Gerard F. Cody, R.E.H.S./R.S.
Health Director x 84503

Kathy P. Fox, R.E.H.S. /R.S., C.H.O., CP-FS
Environmental Health Agent x 84507

David Neylon, B, S.N., R.N.
Public Health Nurse x 84509

Board of Health

Wendy Heiger-Bernays, PhD, Chair
Sharon Mackenzie, R.N., CCM
Burt M. Perlmutter, M.D.
David S. Geller, M.D.
John J. Flynn, J.D.

WELL CONSTRUCTION APPLICATION

Fees: ☐ Domestic Well - \$100.00 ☐ Monitoring Well - \$50.00
 ☐ Geothermal Well- \$50.00 ☐ Irrigation Well -\$50.00

Property Owners Name:		
Owners Address:		
Address of Well (if different from above):		
Assessor's Map:	Parcel #:	Assessors Lot Number:
Well Drillers Name:		Company Name:
Address:		
License #:		Phone Number:
GPS Coordinates:		
Check One: <input type="checkbox"/> Sewer <input type="checkbox"/> Septic <input type="checkbox"/> Cesspool		
Type of Well: <input type="checkbox"/> Irrigation <input type="checkbox"/> Drinking <input type="checkbox"/> Monitoring <input type="checkbox"/> Geothermal <input type="checkbox"/> Other If other explain type:		
Type of Property: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other		

Lot Description

Building

Include all structures on the lot, include the location of any present or past land use that may be a source of contamination within 200 feet of the proposed well location including but not limited to: existing and proposed structures, wetlands, subsurface sewage disposal systems, subsurface fuel storage tanks, public ways, utility rights-of-way, or any other potential source of contamination. Also include distances to wetlands (within 100 feet).

I, the undersigned, hereby apply to the Lexington Board of Health for a Permit to construct a well in accordance with Lexington Board of Health Regulations pertaining to wells.

Signature of Applicant

Date

Permit will not be issued unless certification clause is signed by applicant.

BOH Approval: _____ Date: _____

Conservation Approval: _____ Date: _____

Plumbing & Gas Inspector Approval: _____ Date: _____